

RFP-4-79
TABLE OF CONTENTS

<u>SECTION ONE</u>	3
1.1 <u>INTRODUCTION</u>	3
1.2 <u>DEFINITIONS AND ABBREVIATIONS</u>	3
1.3 <u>PURPOSE OF THE RFP</u>	4
1.4 <u>SCOPE OF THE RFP</u>	7
1.5 <u>ISSUING OFFICE</u>	7
1.6 <u>DUE DATE FOR PROPOSALS AND QUESTIONS</u>	7
1.7 <u>PRE-PROPOSAL CONFERENCE</u>	9
1.8 <u>MODIFICATION OR WITHDRAWAL OF OFFERS</u>	9
1.9 <u>PRICING</u>	9
1.10 <u>DISCUSSION FORMAT</u>	9
1.11 <u>CONTRACT NEGOTIATIONS</u>	10
1.12 <u>REFERENCE SITE VISITS</u>	10
1.13 <u>TYPE AND TERM OF CONTRACT</u>	10
1.14 <u>CONTRACT OBLIGATIONS</u>	10
1.15 <u>CONFIDENTIAL INFORMATION</u>	11
1.16 <u>STATE OF INDIANA OBLIGATIONS</u>	11
1.17 <u>CONTRACT COMPONENTS</u>	12
1.18 <u>PROPOSAL LIFE</u>	12
1.19 <u>TAXES</u>	12
1.20 <u>SECRETARY OF STATE REGISTRATION</u>	12
1.21 <u>EQUAL OPPORTUNITY COMMITMENT</u>	12
1.22 <u>MINORITY BUSINESS & WOMEN'S ENTERPRISE PARTICIPATION PLAN</u>	12
1.23 <u>U.S. MANUFACTURED</u>	13
1.24 <u>RECYCLED PRODUCTS</u>	13
1.25 <u>AMERICANS WITH DISABILITIES ACT</u>	13
1.26 <u>SUMMARY OF MILESTONES</u>	14
1.27 <u>PROPOSAL AND PERFORMANCE BONDS (25 IAC 1.1-1-5)</u>	15
<u>SECTION TWO</u>	16
2.1 <u>GENERAL PROPOSAL PREPARATION</u>	16
2.2 <u>TRANSMITTAL LETTER</u>	16
2.2.1 <u>Summary of Ability and Desire to Supply the Required Products and Services</u>	16
2.2.2 <u>Signature of Authorized Representative</u>	16
2.2.3 <u>Respondent Notification Request</u>	17
2.2.4 <u>Other Information</u>	17
2.3 <u>BUSINESS PROPOSAL</u>	17
2.3.1 <u>General</u>	17
2.3.2 <u>Respondent Company Structure</u>	17
2.3.3 <u>Company Financial Information</u>	17
2.3.4 <u>Integrity of Company Structure and Financial Reporting</u>	18
2.3.5 <u>Facilities and Resources</u>	18
2.3.6 <u>Required Contract Clauses</u>	18
2.3.7 <u>Pricing and Charges</u>	19
2.3.8 <u>References</u>	19
2.3.9 <u>Registration to do Business</u>	19
2.3.10 <u>Authorizing Document</u>	19
2.3.11 <u>Subcontractors</u>	20

2.3.12	<u>Respondent Contract Requirements</u>	20
2.3.13	<u>Bonds</u>	20
2.4	<u>TECHNICAL PROPOSAL</u>	20
2.4.1	<u>Managed Care Organization's (MCO's) Administrative Requirements</u>	21
2.4.2	<u>Covered Benefits and Services</u>	22
2.4.3	<u>Member Services</u>	24
2.4.4	<u>Provider Network Requirements</u>	25
2.4.5	<u>Quality Management and Utilization Management Programs</u>	27
2.4.6	<u>Management Information Systems</u>	27
2.4.7	<u>Reporting Requirements</u>	29
2.5	<u>MINORITY BUSINESS & WOMEN'S ENTERPRISES PARTICIPATION PLAN</u>	29
SECTION THREE		30
3.1	<u>PROPOSAL EVALUATION PROCEDURE</u>	30
3.2	<u>EVALUATION CRITERIA</u>	30
3.2.1	<u>Business Proposal</u>	30
3.2.2	<u>Technical Proposal</u>	30
3.2.3	<u>Minority Business & Women's Participation Plan</u>	30

RFP-4-79
SECTION ONE
GENERAL INFORMATION AND REQUESTED PRODUCTS/SERVICES

1.1 INTRODUCTION

The Indiana Department of Administration (IDOA), acting on behalf of Indiana Family and Social Services Administration (IFSSA), Office of Medicaid Policy and Planning (OMPP) desires to contract with managed care organizations (MCOs) that will assume full financial risk for developing and managing a health care network that administers and delivers covered services within Benefit Packages A, B and C of the Hoosier Healthwise managed care program. It is the intent of IDOA to solicit responses to this Request for Proposals (RFP) in accordance with the statement of work, proposal preparation section, and specifications contained in this document.

1.2 DEFINITIONS AND ABBREVIATIONS

Following are explanations of terms and abbreviations appearing throughout this RFP. Other special terms may be used in the RFP, but they are more localized and defined where they appear, rather than in the following list. A Glossary of Terms is also available as additional information with this RFP.

Term	Definition
Acceptance	The designated period following completion of the Readiness Review. During the acceptance period, the State will evaluate all features and performance of the managed care organization.
IAC	The Indiana Administrative Code.
IC	The Indiana Code.
Implementation	The successful enrollment of Hoosier Healthwise members as specified in the contract resulting from this RFP.
Installation	The delivery and physical setup of products or services requested in this RFP.
Products	Tangible goods or manufactured items as specified in this RFP.
Proposal	An offer as defined in IC 5-22-2-17.
Respondent	An offeror as defined in IC 5-22-2-18.
Services	Work to be performed as specified in this RFP.

Term	Definition
State agency	As defined in IC 4-13-16.5-1 <ul style="list-style-type: none"> A) An authority, board, branch, commission, committee, department, division, or other instrumentality of the executive, including the administrative department of state government. B) An entity established by the general assembly as a body corporate and politic. C) A state educational institution.
Vendor	Any successful respondent selected as a result of the procurement process to deliver the products and services requested by this RFP.

1.3 PURPOSE OF THE RFP

Executive Summary

Through this competitive bidding process, the Offices of Medicaid Policy and Planning (OMPP) and the Children's Health Insurance Program (CHIP) seek to contract with managed care organizations (MCOs) under a full risk-based arrangement. A comprehensive description of the Hoosier Healthwise program is available in Attachment E of this RFP. The participating respondent's Scope of Work is detailed in Attachment D of this RFP. Additionally, a comprehensive review of the responsibilities of the State for the Hoosier Healthwise program is included in Attachment F of this RFP.

While MCO contractors are responsible to both the OMPP and the CHIP Offices, the OMPP managed care unit is responsible for the administration of contracts procured through this RFP. The successful responders will assume financial risk for establishing and managing provider networks for the delivery of health care services to their enrolled members. The effective date of the resulting contracts will be January 1, 2005.

Indiana offers Hoosier Healthwise members' comprehensive benefits in three benefit packages (Package A, B or C) depending on the member's category of aid. A description of the covered services in each benefit package is in Attachment E of this RFP. Hoosier Healthwise provides these benefits through two health care delivery systems: the Primary Care Case Management delivery system (PCCM) and the Risk-Based Managed Care system (RBMC). The PCCM delivery system is available throughout the State except in 13 mandatory RBMC counties, and in some counties around the State the RBMC delivery system remains to be established by participating MCOs.

The Hoosier Healthwise program is highly successful in working with its managed care contractors to craft partnerships to improve health care delivery to the program's members. The program creates a "medical home" for approximately 230,000 members in PCCM and 270,000 members in RBMC. Since 2002, the State has been phasing in a mandatory risk-based managed care (RBMC) program in selected counties. By the summer of 2004, the State expects to have implemented mandatory RBMC in thirteen counties. Attachment G provides an Indiana map which identifies the counties in which enrollment into an MCO is mandatory for eligible Hoosier Healthwise enrollees.

Unlike other Medicaid managed care programs, the Indiana program places particular emphasis on the relationship between members and their primary physician. Individuals eligible for Hoosier Healthwise select a Primary Medical Provider (PMP) and thereby enroll into the managed care plan in which that PMP participates (i.e., the PCCM program, called *PrimeStep*, or risk-based MCOs). This arrangement serves to reinforce the importance of establishing and maintaining a relationship with a PMP of the member's choice. PMPs may be contracted either with the State in *PrimeStep* or one MCO in the RBMC delivery system. A description of the member enrollment process and PMP participation is included in Attachment F of this RFP.

While the program has been successful in meeting its goals, the State is enhancing the Hoosier Healthwise program for this procurement. The State will be implementing new, or modifying existing, features of the program, such as those outlined below.

- Contracts resulting from this procurement will authorize the MCOs to operate statewide and selected MCOs must immediately initiate network development activities in all mandatory RBMC counties.
- All selected MCOs will have equal opportunity to contract with PMPs since current MCO PMP contracts terminate December 31, 2004, with the current MCO/State contracts, in accordance with IC 12-15-30-5(b). In addition, to allow time for PMP recruitment activities, the MCOs shall not execute any PMP contract for this procurement before October 1, 2004.
- The State will monitor each participating MCO's member enrollment in the mandatory RBMC counties on a county-by-county basis and may limit auto assignment for MCOs approaching a pre-determined number of members per county to ensure sufficient member choice among the MCOs participating in that county.
- The State plans to continue to add to the list of mandatory RBMC counties. The following counties currently meet the established criteria for consideration: Clark, Floyd, Monroe, Vanderburgh, and Vigo.
- Although MCOs new to the Hoosier Healthwise program are expected to submit data in accordance with the established schedule, the State may allow a grace period during which the State may waive corrective actions and/or liquidated damages associated with the shadow claims submissions and other performance reporting requirements for up to 180 calendar days for new MCOs.
- With its focus on improving health outcomes, the State will provide technical assistance to new MCOs in preparing for the required Health Plan Employer Data and Information Set[®] (HEDIS[®]) survey. The State requires that MCOs report audited HEDIS data and will include the MCOs' results in annual reports to stakeholders.
- The State will encourage the use of the Best Clinical and Administrative Practices (BCAP) Quality Framework, developed by the Center for Health care Strategies (CHCS), during the first contract year. After the first year, MCOs may be required to participate in this quality initiative aimed at overcoming clinical and administrative obstacles and improving publicly financed healthcare. CHCS will be available to conduct a one-day training session for interested potential respondents, at no charge, prior to the proposal due date. The scheduled date of the session can be found in Section 1.27.

- The State offers opportunities to MCOs to improve HEDIS rates through the use of the Indiana Children's and Hoosier's Immunization Registry Program's (CHIRP) database to collect immunization and blood lead screening information on its members. This database compiles information from all Indiana's County Health Departments and other providers serving Medicaid recipients.
- The State has received excellent member satisfaction ratings since the Hoosier Healthwise Program began. Last year, members who had seen a physician within six months of the survey rated physician courtesy at very good/good 97 percent of the time, 92 percent of the members indicated satisfaction with appointment access and 94 percent of the members were satisfied with their quality of care. Thus, the State requires that all MCOs conduct a Consumer Assessment of Health Plans Study® (CAHPS®) Survey. However, all MCOs may choose to mutually contract with the same CAHPS vendor, each modifying the survey tool and questions to be more specific to its plan.
- The State has streamlined the performance reporting process and is enhancing its electronic data submissions process to facilitate the MCO's performance reporting.
- The State is offering the MCO an opportunity to participate in the State's chronic disease management program for asthma, or the MCO may develop its own approach, as long as the performance results consistently meet or exceed the expected standards.
- The State contract is performance-based and includes a unique incentive plan that can benefit the MCO as well as its members and providers.
- Though the program design is based on the PMP-member relationship, the enrollment broker will be modifying its choice counseling approach to have more of an emphasis on the Hoosier Healthwise plans available in the area and the MCO plans will be allowed to provide the enrollment broker with copies of an informational brochure. In addition, MCOs will be allowed to make posters available to local DFC offices and enrollment centers for display.

The MCO Scope of Work is described in Attachment D of this RFP. The State's responsibilities in administering the Hoosier Healthwise program (Attachment F), the program description and benefits package descriptions (Attachment E), and capitation rate setting (Procurement Library) also provide details on the Hoosier Healthwise program. Attachment G is a map of Indiana, indicating the mandatory RBMC counties. For more information, respondents should review documentation available in the electronic Procurement Library reference documents that the State cites throughout this RFP and is making available to respondents on the RFP website.

MCOs must comply with all Federal and State requirements regarding Medicaid, CHIP and other health care programs related to managed care. These requirements include, but are not limited to, the following:

- The Balanced Budget Act of 1997 (BBA), as amended
- The Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended
- Title XIX of The Social Security Act of 1935, as amended
- Title VI of the Civil Rights Act, as amended

- Section 504 of the Rehabilitation Act, as amended
- Age Discrimination Act of 1975, as amended
- Americans with Disabilities Act of 1990, as amended
- Title IX of the Education Amendments of 1972, as amended
- Medicare, Medicaid, and CHIP Benefits Improvement and Protection Act of 2000 (BIPA), as amended
- Federal regulations 42 CFR, Parts 434 and 438 and 45 CFR
- Indiana Code Title 12, Article 15, Medicaid Managed Care statute
- Indiana Administrative Code Title 405, Article 5: Medicaid Rule
- Indiana Children's Health Insurance Program statute, IC 12-17.6
- Indiana Administrative Code, Title 407: CHIP Rule

1.4 SCOPE OF THE RFP

This document contains the following information that may be useful to anyone wishing to submit a proposal:

Section One -- A description of many factors affecting the proposal process and procedures.

Section Two -- A description of the required format and subject content of any acceptable proposals offered in response to this document.

Section Three -- A general discussion of the method that will be used by an evaluation team in selecting a respondent to recommend to State officials with whom to enter contract negotiations.

Attachments -- Details supporting this basic RFP document.

1.5 ISSUING OFFICE

In accordance with Indiana statute, IDOA has issued this RFP on behalf of the Office of Medicaid Policy and Planning (OMPP) and the Office of the Children's Health insurance Program (CHIP). The content has been prepared by the staff of OMPP, CHIP and others. This RFP is being posted to the State of Indiana website (<http://www.in.gov/idoa/proc>). One copy of this RFP may be provided free of charge. A nominal fee will be charged for providing additional copies.

1.6 DUE DATE FOR PROPOSALS AND QUESTIONS

All proposals must be received at the address below by the Procurement Division no later than **3:00 p.m. Eastern Standard Time on July 21, 2004**. Each respondent must submit one original (marked "Original") and **seven (7)** complete copies of the proposal, including the transmittal letter and other related documentation as required in this RFP. Two complete electronic copies of the proposal must be provided on a 3 ½" diskette and/or on CD-ROM size 650. The respondent should not submit more than one proposal. Each copy of the proposal must follow the format

indicated in Section Two of this document. Unnecessarily elaborate brochures or other presentations, beyond that sufficient to present a complete and effective proposal, are not desired. All proposals must be addressed to:

Shelley Harris
Procurement Division
Indiana Department of Administration
402 West Washington Street, W468
Indianapolis, IN 46204

All proposal packages must be clearly marked with the RFP number, due date, and time due. Any proposal received by the Procurement Division after the due date and time will not be considered. Any late proposals will be returned, unopened, to the respondent upon request. All rejected proposals not claimed within 30 days of the proposal due date will be destroyed.

The respondent should submit only one proposal.

The State of Indiana accepts no obligations for costs incurred by respondents in anticipation of being awarded a contract.

All proposals submitted to the State should be printed double-sided and on 30% post-consumer recycled content paper or tree-free paper. When possible, soy ink should be used.

Caution to respondents about shipping/mailling: United States Postal Express and Certified Mail are both delivered to the Government Center Central Mailroom and not directly to the designated department. It is the responsibility of the respondent to make sure that solicitation responses are received by the Procurement Division on or before the designated time and date.

All questions regarding this RFP must be submitted in writing to the above address no later than **3:00 p.m. Eastern Standard Time on June 9, 2004**. Inquiries may also be submitted via fax (317-234-1281) or email rfp@idoa.state.in.us and must be received by IDOA by the time and date indicated above. Questions submitted after 3 p.m. may not be considered.

Following the question due date, IDOA personnel will assemble a list of the compiled questions asked by all respondents. The responses will be posted to the IDOA website approximately one week after the question due date listed in the RFP timetable, Section 1.26. The Question and Answer link will not become active until IDOA has provided responses to all questions. IDOA reserves the right to judge whether any questions should be answered in writing, and copies will be placed on the Procurement page on the State's web site for downloading, distributed to all prospective respondents who are known to have received a copy of the original RFP, or both. Only answers signed by the Director of the Procurement Division or designee or posted on the State's web site will be considered official and valid by the State. No negotiations, decisions or actions shall be initiated by any respondent as a result of any verbal discussion with any State employee.

Inquiries are not to be directed to any staff member of OMPP or CHIP. Such action may disqualify respondent from further consideration for a contract as a result of this RFP.

1.7 PRE-PROPOSAL CONFERENCE

A pre-proposal conference will be held on **June 2, 2004 from 10:00 a.m. EST to 12 noon, EST in Conference Center Room 4, Indiana Government Center South, First Floor, 402 West Washington Street, Indianapolis, Indiana.** At this conference, potential respondents may ask questions about the RFP and the RFP process. Respondents are reminded that no answers issued verbally at the conference are binding on the State and any information provided at the conference, unless it is later issued in writing, also is not binding on the State.

The State will also hold a meeting for potential respondents after the pre-proposal conference, **1:00 p.m. EST to 4:00 p.m. EST** at the location listed above, to discuss the Best Clinical and Administrative Practices (BCAP) Quality Framework and BCAP Collaborative that is discussed in the RFP. Representatives from the Center for Health Care Strategies (CHCS), which developed BCAP, will lead the informative session. The State recommends that Medical Directors and/or quality improvement staff attend the BCAP meeting.

1.8 MODIFICATION OR WITHDRAWAL OF OFFERS

Responses to this RFP may be modified or withdrawn in writing or by fax notice received prior to the exact hour and date specified for receipt of proposals. The respondent's authorized representative may also withdraw the proposal in person, providing his or her identity is made known and he or she signs a receipt for the proposal. Proposals may not be withdrawn after the proposal due date and time has passed.

Modification to or withdrawal of a proposal received by the Procurement Division after the exact hour and date specified for receipt of proposals will not be considered. If it becomes necessary to revise any part of this RFP or if additional data is necessary for an exact interpretation of provisions of this RFP prior to the due date for proposals, a supplement will be posted by the Procurement Division to the State of Indiana website. If such addenda issuance is necessary, IDOA reserves the right to extend the due date and time of proposals to accommodate such interpretations or additional data requirements.

1.9 PRICING

Under RBMC, the State pays the MCO a fixed per member per month capitation rate, and the capitation rate covers all Hoosier Healthwise MCO-covered services for members enrolled in the MCO. The capitation rates for 2005 provided in Attachment H are certified to be actuarially sound, in accordance with 42 CFR 438.6, and are pending federal approval at the time of the release of this RFP. In the transmittal letter, responders must agree to accept the capitation rates approved by the Centers for Medicare and Medicaid Services (CMS). The Data Book provided with this RFP provides the data and additional background information for the capitation rates and the rate setting methodology.

1.10 DISCUSSION FORMAT

The State reserves the right to conduct discussions, either oral or written, with those respondents determined by the State to be reasonably viable to being selected for award. If discussions are held, the State may request best and final offers. IDOA Procurement will schedule all discussions. Any information gathered through oral discussions should be confirmed in writing.

The request for best and final offers may include:

- Notice that discussions are concluded.
- Notice that this is the opportunity to submit written best and final offers.
- Notice of the date and time for submission of the best and final offer.
- Notice that if any modification is submitted, it must be received by the date and time specified or it will not be considered.
- Notice of any changes in the State's requirements.

The State reserves the right to reject any or all proposals received or to award, without discussions or clarifications, a contract on the basis of initial proposals received, if it is clearly in the State's best interest to do so and the Director of the Procurement Division or designee makes a written determination of that fact.

The State also reserves the right to conduct clarifications to resolve minor issues. The State retains sole authority to determine whether contact with respondents is for clarification or discussion.

1.11 CONTRACT NEGOTIATIONS

After recommendation of the selected respondents by appropriate officials of the State, contract negotiations will commence. The contract will be based primarily on the required clauses of the State as indicated in the State contract as appears in Attachment B of this document; secondly, on those required clauses by the respondent that are acceptable to the State; and, additionally, on any desirable clauses that either party would like to incorporate into the contract. If at any time contract negotiation activities are judged to be ineffective by the Commissioner of IDOA or designee, IDOA will cease all activities with that respondent and begin contract negotiations with the next highest ranked respondent. This process may continue until either both the respondent and the State of Indiana execute a completed contract or IDOA determines that no acceptable alternative proposal exists.

1.12 REFERENCE SITE VISITS

The State may request a site visit to a respondent's working support center to aid in the evaluation of the respondent's proposal.

1.13 TYPE AND TERM OF CONTRACT

The State of Indiana intends to sign a contract with three or more respondent(s) to provide the complete set of products and services listed in this RFP. The State will not entertain joint bids.

The term of this contract shall be for a period of 2 years, beginning January 1, 2005 (or from date of final State approval of contract), and ending December 31, 2006. There may be renewals for a total of 2 more years at the State's option.

1.14 CONTRACT OBLIGATIONS

Attachment B of this document is the form of the expected contract resulting from this RFP. Although the State anticipates that any respondent submitting a proposal will provide the major

portion of the products and services as requested, subcontracting by the respondent is acceptable in performing the requirements of this RFP. However, the respondent must obtain the approval of IDOA and OMPP before subcontracting any portion of the project's requirements. The respondent is responsible for the performance of any obligations that may result from this RFP and shall not be relieved by the non-performance of any subcontractor. Any respondent's proposal must identify all subcontractors and outline the contractual relationship between the respondent and each subcontractor. Either a copy of the executed subcontract or a letter of agreement over the official signature of the firms involved must accompany each proposal. This RFP is subject to the Minority Business and Women's Enterprise Program. The requirements are explained elsewhere in the RFP.

Any subcontracts entered into by the respondent must be in compliance with all State of Indiana statutes and be subject to the provisions thereof. For each portion of the proposed products and services to be provided by a subcontractor, the technical proposal must include the identification of the functions to be provided by the subcontractor and the subcontractor's related qualifications and experience.

The combined qualifications and experience of the respondent and any or all subcontractors will be considered in the State's evaluation. The respondent must furnish information to the State as to the amount of the subcontract, the qualifications of the subcontractor for guaranteeing performance, and any other data that may be required by the State. All subcontracts held by the respondent must be made available upon request for inspection and examination by appropriate State officials and such relationships must meet with the approval of the State.

1.15 CONFIDENTIAL INFORMATION

Respondents are advised that materials contained in proposals are subject to the Indiana Public Records Act, IC 5-14-3 *et seq.*, and, after the contract award, may be viewed and copied by any member of the public, including news agencies and competitors. Respondents claiming a statutory exception to the Indiana Public Records Act must place all confidential documents (including the requisite number of copies) in a sealed envelope clearly marked "Confidential" and must indicate in the transmittal letter and on the outside of that envelope that confidential materials are included. The respondent must also specify which statutory exception provision applies. The State reserves the right to make determinations of confidentiality. If the State does not agree that the information designated is confidential under one of the disclosure exceptions to the Indiana Public Records Act, it may either reject the proposal or discuss its interpretation of the allowable exceptions with the respondent. If agreement can be reached, the proposal will be considered. If agreement cannot be reached, the State will remove the proposal from consideration for award and return the proposal to the respondent.

1.16 STATE OF INDIANA OBLIGATIONS

The State of Indiana accepts no obligations for costs incurred by respondents in anticipation of being awarded a contract.

The State of Indiana creates no obligation, expressed or implied, by issuing this RFP or by receipt of any responses submitted pursuant hereto. The award of any contract(s) as a result of this RFP shall be at the sole discretion of OMPP and IDOA. Neither this RFP nor any response (proposal) submitted hereto are to be construed as a legal offer.

1.17 CONTRACT COMPONENTS

Any or all portions of this RFP and normally any or all portions of the respondent's response will be incorporated by reference as part of the final contract. Proprietary or confidential material submitted properly (see Section 1.15) will not be disclosed.

1.18 PROPOSAL LIFE

All proposals made in response to this RFP must remain open and in effect for a period of not less than 180 days after the due date for proposals. Any proposal accepted by the State for the purpose of contract negotiations shall remain valid until superseded by a contract or until rejected by the State.

1.19 TAXES

The State of Indiana is exempt from federal, state, and local taxes. The State will not be responsible for any taxes levied on the respondent as a result of the contract resulting from this RFP.

1.20 SECRETARY OF STATE REGISTRATION

In accordance with IC 5-22-16-4, before an out-of-state respondent can do business with the State, the respondent must be registered with the Indiana Secretary of State. If an out-of-state respondent does not have such registration at present, the respondent should contact

Secretary of State of Indiana
Corporation Division
302 West Washington Street, E018
Indianapolis, IN 46204
(317) 232-6576

for the necessary application form. It is each respondent's responsibility to register prior to the initiation of any contract discussions.

1.21 EQUAL OPPORTUNITY COMMITMENT

Pursuant to IC 4-13-16.5 and in accordance with 25 IAC 5-5-3, the Director of the Procurement Division of IDOA has determined that there is a reasonable expectation of minority and woman business enterprise participation in this contract. Therefore a contract goal of 5 % minority business enterprise participation and 6 % woman business enterprise participation has been established and all respondents will be expected to comply with the regulation set forth in 25 IAC 5-5-3. Compliance with these regulations will be taken in to consideration during the evaluation phase of the RFP process.

1.22 MINORITY BUSINESS & WOMEN'S ENTERPRISE PARTICIPATION PLAN

In accordance with 25 IAC 5 1-8, the respondent must submit within the proposal a Minority and Women's Business Enterprise participation plan or make an application for waiver from the contract goal. Failure to provide the minority and women's business participation plan or to make an application for waiver of the participation goal at the time of proposal submission may result in the disqualification and rejection of the proposal. Please note that IDOA reserves the

right to verify all information included on minority and women's business enterprise participation plans and applications for waiver from the contract goal before making final determinations of the respondent's responsiveness.

Additionally, the plan must show that there are racial minority owned enterprises and women owned enterprises participating in the contract. The participation can be, but is not limited to, a subcontractor or second tier participation with common suppliers such as office supplies, courier services and/or janitorial services. The respondent submitting an offer must indicate the name of the racial and women owned firms that will participate in the award, a contact name and phone number, the service to be supplied and the specific dollar amount from this contract that will be directed toward each firm.

A respondent can and must submit an application for a waiver if minority and women participation cannot be achieved. However, the respondent is expected to demonstrate a good faith effort to meet the participation goal of 5 % for minority participation and 6 % for women owned business participation. A good faith effort consists of documenting the effort that was made to achieve the goal. The same information supplied on the plan must be supplied on a waiver. (See above paragraph) Respondents are encouraged to contact and work with the Minority Business and Women's Enterprise Division of the Indiana Department of Administration to design a plan to meet established goals. The Minority Business and Women's Enterprise Division's website address is as follows: www.in.gov/idoa/minority.

By submission of the proposal, the respondent thereby acknowledges and agrees to be bound by the regulatory processes involving the State of Indiana's Minority and Women's Business Enterprise Program. Questions involving the regulations governing the minority and women's business enterprise participation plan and the application for waiver from the contract goal should be directed to:

Minority Business and Women's Enterprise Division
Indiana Department of Administration
402 W. Washington St., Room W469
Indianapolis, IN 46204
(317) 233-6607

1.23 U.S. MANUFACTURED

Each proposal must contain an explanation of what steps will be used to encourage the use of American-made products. The State does apply a U.S. Manufactured preference as set out in IC 5-22-15-21.

1.24 RECYCLED PRODUCTS

Each proposal should contain an explanation of what recycled materials are used and identify the recyclability of products offered in response to this RFP.

1.25 AMERICANS WITH DISABILITIES ACT

The respondent specifically agrees to comply with the provisions of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 *et seq.* and 47 U.S.C. 225).

1.26 SUMMARY OF MILESTONES

The following timeline is only an illustration of the RFP process. The dates associated with each step are not to be considered verbatim. Due to the unpredictable nature of the evaluation period, these dates are subject to change. At the conclusion of the evaluation process all respondents will be informed of the evaluation team's findings, according to the choice of notification they selected in Attachment C.

<u>ACTIVITY</u>	<u>COMPLETION DATE</u>
Pre-bid conference	June 2, 2004
BCAP presentation	June 2, 2004
Respondent inquiry period ends	June 9, 2004
Final State responses to inquiries	June 16, 2004
Proposal submission date	July 21, 2004
Notice of discussions*	July 28, 2004
Discussions*	August 11, 2004
Proposal evaluation completed*	August 25, 2004
Recommendation to IDOA*	September 1, 2004
Notify selected respondent*	September 13, 2004
Contract negotiations begin*	September 15, 2004
Contract negotiations end*	September 17, 2004
Negotiated contract readied*	September 20, 2004
Contract signed by respondent*	September 24, 2004
State review begins*	September 27, 2004
State review ends*	November 1, 2004
Receipt of State approval*	January 1, 2005

**These dates are subject to the determination of the need for discussions. If discussions are not required, the process could reach a completion date at least four weeks earlier than the listed date for contract signature.*

1.27 PERFORMANCE BONDS (25 IAC 1.1-1-5)

A performance bond in the amount of \$1,000,000 will be required to guarantee the performance of the selected respondent after the contract is signed. The State reserves the right to increase required bond amounts if enrollment levels indicate the need for higher liquidated damages. The performance bond, which is due within 10 calendar days after the execution of the contract, must be made payable to "Indiana Department of Administration" and must be in the form of a certified check, cashier's check, or a bond acquired from a surety company registered with the Indiana Department of Insurance. The bond must remain in effect for the duration of the contract. Notwithstanding any other provisions relating to the beginning of the term, the contract shall not become effective until the Performance bond required by the contract is delivered in the correct form and amount to IDOA. The performance bond should be submitted to the following address:

Shelley Harris
Procurement Division
Indiana Department of Administration
402 West Washington Street, W468
Indianapolis, IN 46204

Respondents wishing the return of a performance bond should attach a self-addressed envelope. The requested document will be returned as soon as possible upon successful completion of the contract, i.e., up to a year after contract termination, due to the contractor's responsibility to continue to pay claims for up to a year after the date of service. Bonds not claimed may be destroyed upon successful completion of the contract.

SECTION TWO PROPOSAL PREPARATION INSTRUCTIONS

2.1 GENERAL PROPOSAL PREPARATION

To facilitate the timely evaluation of proposals, a standard format for proposal submission has been developed and is documented in this section. Additionally, a Table of Contents itemizing the sequence in which the respondent should submit the proposal documents is in Attachment L of this RFP. All respondents are required to submit their proposal documents in the sequence itemized in the Table of Contents and format their proposals in a manner consistent with the guidelines described below:

Each item must be addressed in the respondent's proposal or the proposal may be rejected.

The transmittal letter should be in the form of a letter. The business and technical proposals must be organized under the specific section titles as listed below.

The State may, at its option, allow all respondents a five-calendar-day period to correct errors or omissions to their proposals. Should this necessity arise, the State will contact each respondent affected. Each respondent must submit written corrections to the proposal within five calendar days of notification. The intent of this option is to allow proposals with only minor errors or omissions to be corrected. Major errors or omissions, such as the failure to include a network development plan or financial information, will not be considered by the State as a minor error or omission and may result in disqualification of the proposal from further evaluation.

2.2 TRANSMITTAL LETTER

The Transmittal Letter must address the following topics except those specifically identified as "optional."

2.2.1 Summary of Ability and Desire to Supply the Required Products and Services

The transmittal letter must briefly summarize the respondent's ability to supply the requested products and services that meet the applicable requirements defined in Attachment D of this RFP. The letter must also contain a statement indicating the respondent's willingness to provide the requested products and services subject to the terms and conditions set forth in the RFP including, but not limited to, the State's mandatory contract clauses, the submission of a performance bond of \$1,000,000, and the federally-approved capitation rates.

2.2.2 Signature of Authorized Representative

A person authorized to commit the respondent to its representations and who can certify that the information offered meets all general conditions including the information requested in Section 2.3.4, must sign the transmittal letter. Such person's authority to so act must be consistent with the information contained in Section 2.2.1 of this RFP. **In the transmittal letter please indicate the principal contact for the proposal as well as an address, telephone and fax number as well as an e-mail address.**

2.2.3 Respondent Notification Request

Attachment C provides respondents an opportunity to indicate the preferred method of notification of the vendor selection made for this solicitation. Unless the respondent indicates an alternative preference on Attachment C, the respondent will be notified via e-mail with the assumption of delivery within 3 business days. If there is no preference in this regard, Attachment C does not need to be submitted with the respondent's proposal and notification will be made by e-mail.

It is the respondent's obligation to notify the Procurement Division of any changes in address that may have occurred since the origination of this solicitation. The Procurement Division will not be held responsible for incorrect vendor/contractor addresses.

2.2.4 Other Information

This item is optional. Any other information the respondent may wish to briefly summarize will be acceptable.

2.3 BUSINESS PROPOSAL

The Business Proposal must address the following topics except those specifically identified as "optional."

2.3.1 General

This optional section of the business proposal may be used to introduce or summarize any information the respondent deems relevant or important to the State's successful acquisition of the products and services requested in this RFP.

2.3.2 Respondent Company Structure

The legal form of the respondent's business organization, the state in which incorporated (if a corporation), the types of business ventures in which the organization is involved, and a chart of the organization are to be included in this section. Show detailed lines of authority, including the relationships among the policymaking body, the administrator of the plan, and the medical/health services delivery component. If applicable, indicate current contractual relationships between the HMO and subcontractors for health services, administrative, management, and marketing services.

If the organization includes more than one product division, the division responsible for the development and marketing of the requested products and services in the United States must be described in more detail than other components of the organization.

2.3.3 Company Financial Information

This section should include the respondent's audited annual financial statement for each of the two most recently completed fiscal years including statement of

revenues and expenses, balance sheet, statement of cash flow and statement of changes in Retired Earnings of Fund Balance. The financial statements should demonstrate the respondent's financial stability. If the organization includes more than one product division, separate audited financial statements must be provided, one set for the division responsible for the delivery of the requested products and services, i.e., the respondent's legal entity that proposes to contract with OMPP, and one set for the corporate parent.

The respondent must also include the quarterly financial statements filed with the Indiana Department of Insurance (DOI), or similar state agency in which the responder is currently or has been participating in managed care, for the year covered by the last annual statement and all subsequent quarters.

2.3.4 Integrity of Company Structure and Financial Reporting

This section must include a statement indicating that the CEO and/or CFO has taken personal responsibility for the thoroughness and correctness of any and all financial information supplied with this proposal. The particular areas of interest to the State in considering corporate responsibility, which are mandatory, include the following items: separation of audit functions from corporate boards and board members, if any, the manner in which the firm assures board integrity, the separation of audit functions and consulting services. The State of Indiana will consider the information offered in this section to determine the responsibility of the offeror per IC 5-22-16-1(d).

Federal law H.R. 3763, the "Sarbanes Oxley Act of 2002" is NOT directly applicable to this acquisition; however, its goals and objectives were used to develop our mandatory areas of interest.

2.3.5 Facilities and Resources

The respondent should include information with regard to the organization's resources that it deems advantageous to the successful provision of the requested products and services. This might include management capabilities and experience, technical resources, and operational resources not directly assigned to this project, but available if needed.

2.3.6 Required Contract Clauses

Indiana law requires the inclusion of certain language in all contracts. Also, the nature of the products and services requested in this RFP may present a need for the inclusion of certain commitments in any contract resulting from this RFP. Attachment B of this RFP contains a sample contract that could be similar to the one resulting from this RFP. All clauses within the sample contract are mandatory.

Respondents should review these clauses in detail because a specific agreement to these clauses is required in the Transmittal Letter. If a respondent wishes to suggest alternative wording for one or more of these mandatory clauses without changing the intent, these suggestions may, at the respondent's option, be documented in this section of the Business Proposal. The respondent's suggested

language will be considered by the State during the contract negotiation process. The State's willingness to consider alternative language does not change the requirement that the respondent agree in the Transmittal Letter to the acceptance of the State mandatory clauses as written.

2.3.7 Pricing and Charges

Responders should review Attachment H in this RFP for the actuarially sound capitation rates being offered by the State. Details on the capitation rate setting methodology and the actuarial certification submitted for federal approval are included in the Data Book available in the Procurement Library. At the time of release of this RFP, the capitation rates are pending federal approval. Responders must agree to the federally approved capitation rates in the Transmittal Letter.

2.3.8 References

The respondent should include a list of clients for whom the respondent has provided products and services that are the same or similar to those products and services requested in this RFP. Any state government for whom the respondent has provided these products and services should be included; also to be included should be clients with locations near Indianapolis, as site visits may be arranged. Information provided should include the name, address, and telephone number of the client facility and the name, title, and phone/fax numbers of a person who may be contacted for further information. The more similar the referenced products and services are to those requested in this RFP, a greater value may be attached to the references in the State's evaluation process. At least three corporate references must be submitted using the appropriate form included in Attachment J of this RFP.

2.3.9 Registration to do Business

Selected out-of-state respondents providing the products and/or services required by this RFP must be registered to do business within the State by the Indiana Secretary of State. The address contact information for this office may be found in Section 1.20 of this RFP. This process must be concluded prior to contract negotiations with the State. It is the successful respondent's responsibility to complete the required registration with the Secretary of State. The respondent must provide a copy of the registration certificate or indicate the status of registration, if applicable, in this section of the proposal.

2.3.10 Authorizing Document

Respondent personnel signing the Transmittal Letter of the proposal must be legally authorized by the organization to commit the organization contractually. This section shall contain proof of such authority. A copy of corporate bylaws or a corporate resolution adopted by the board of directors indicating this authority will fulfill this requirement.

2.3.11 Subcontractors

The respondent must list any subcontractors name, address and state of incorporation that are proposed to be used in providing the required products and services. The subcontractor's responsibilities under the proposal, anticipated dollar amount for subcontract, the subcontractor's form of organization, and an indication from the subcontractor of a willingness to carry out these responsibilities are to be included for each subcontractor. This assurance in no way relieves the respondent of any responsibilities in responding to this RFP or in completing the commitments documented in the proposal. The respondent must indicate which, if any, subcontractors qualify as a Minority Business or Woman Owned Business under IC 4-13-16.5-1. See Section 1.22 and Attachment A for Minority Business & Women's Enterprise information. The respondent shall provide, in an appendix, copies of all executed subcontractor agreements or a letter of agreement over the official signatures of the firms involved. Respondents should review Attachment D of this RFP for more information on the MCO's use of subcontractors.

2.3.12 Respondent Contract Requirements

This section is optional. If the respondent wishes to include any language other than that discussed in the Business Proposal, this language should be included in this section. For each clause included in this section, the respondent should indicate that the clause is required by the respondent in any contract resulting from this RFP and why it is required (if the required clause is unacceptable to the State, the respondent's proposal may be considered unacceptable) or indicate that the clause is desired (but not required) by the respondent in any contract resulting from this RFP.

2.3.13 Bonds

This section will indicate the respondent's ability to procure the mandatory performance bond. See Section 1.27 for details regarding performance bonds.

Notwithstanding any other provisions relating to the beginning of the term, any contract will not become effective until the performance bond, if required by the contract, is delivered in the correct form and amount to the address indicated in Section 1.27.

2.4 TECHNICAL PROPOSAL

The Technical Proposal must be submitted with an executive summary and statement of issues to reflect the respondent's expertise to serve a Medicaid and/or CHIP population(s), as well as the respondent's understanding of the Hoosier Healthwise program and the respondent's scope of work and responsibilities under this contract. The executive summary with the statement of issues should be no longer than five pages. The respondent's technical proposal must be divided into the sections as described below. Every point made in each section must be addressed in the order given. The same outline numbers must be used in the response. RFP language should not be repeated within the response. Where appropriate, supporting documentation may be referenced by a page and paragraph number. However, when this is done, the body of the technical proposal must contain a meaningful summary of the referenced material. The referenced document must be

included as an appendix to the technical proposal with referenced sections clearly marked. If there are multiple references or multiple documents, these must be listed and organized for ease of use by the State. Respondents should review the referenced section of Attachment D: MCO Scope of Work for details on program requirements.

2.4.1 Managed Care Organization's (MCO's) Administrative Requirements (Page limit: 16 pages)

1. Attachment D, Section 1.0: Provide an organizational chart that identifies the functional units within the respondent's organization that will support, wholly or in part, the respondent's Hoosier Healthwise program.
2. Attachment D, Section 1.2: Using Staffing Matrix, Document A, in Attachment M of this RFP, provide information that demonstrates the respondent's:
 - a. Intent to establish an office(s) within the State of Indiana and the extent of the activities which will be performed from this office.
 - b. Intent to serve Hoosier Healthwise members from an office(s) located outside the State of Indiana and the extent of the activities which will be performed from this office (or these offices).
3. Attachment D, Section 1.2: Describe the respondent's plan to:
 - a. Orient and train new staff and conduct ongoing training for staff regarding new operational policies, internal procedures or equipment (Respondent should include training program topics for a maximum of five trainings, including an orientation training, and descriptions of curriculum, frequency of training sessions, proposed attendees, type of training presentation, length of training session and identify proposed training materials using the Training Matrix, Document B in Attachment M of this RFP. The respondent may submit no more than five samples of training materials in an appendix.)
 - b. Retain historical knowledge of the Hoosier Healthwise program to continue smooth operations subsequent to staff turnover.
 - c. Address, manage and reduce staff turnover.
4. Attachment D, Section 1.2: Submit position descriptions, including expected experience and qualifications, for the respondent's key staff dedicated to the Hoosier Healthwise program. (Respondent should include resumes for the key staff, if available, in an appendix.)
5. Attachment D, Section 1.2.1: OMPP recognizes that an executive management search may take several months to complete. Describe the respondent's interim plan for covering the duties of each key staff position.
6. Attachment D, Section 1.4: Describe the respondent's approach to developing, reviewing, updating and implementing the respondent's preferred drug (formulary) program; include the processes for or approach to:

- a. Meeting OMPP's drug (formulary) submission time constraints and communicating modifications to its preferred drug list.
 - b. Working with the Drug Utilization Review Board.
- 7. Attachment D, Section 1.6: Describe the respondent's use of subcontractors, including:
 - a. The names of the proposed subcontractors (if known) and the subcontractor's area(s) of responsibility in supporting the respondent's Hoosier Healthwise program.
 - b. The respondent's previous working relationship with the subcontractor or process for soliciting references and recommendations for subcontractors with whom the respondent has never worked.
 - c. The respondent's monitoring process to ensure its subcontractor's compliance with the State's requirements.
 - d. A statement that the subcontractor agreement complies with the RFP and contract requirements (Respondent should submit copies of executed agreements and/or letters of intent with appropriate signatures, in an appendix.)

2.4.2 Covered Benefits and Services (Page limit: 23 pages)

- 1. Attachment D, Sections 2.0 and 5.2: Describe the following aspects of the respondent's prior authorization and medical necessity review processes:
 - a. How the respondent establishes its medical policy and who participates in the development of the respondent's medical policy.
 - b. How the respondent identifies which services will be reviewed for prior authorization and medical necessity determinations and who makes those determinations.
 - c. What health care services the respondent will subject to prior authorization and medical necessity review and who does those reviews.
 - d. The credentials, licensure, experience of the respondent's staff that conduct prior authorization and medical necessity reviews.
 - e. The workflow for and the staff involved in the prior authorization and medical necessity reviews denial process (Respondent should submit the workflow in an appendix.)
 - f. The documentation system used to track and evaluate appropriateness of prior authorization and medical necessity approvals and denials, inter-rater reliability of staff evaluating prior authorization and medical necessity approvals and denials, as well as monitoring utilization through

retrospective reviews and utilization of preventive care services by members, such as EPSDT, we-child HEDIS and blood lead screening/testing, and access to preventive care services, as appropriate, and in accordance with preventive care standards.

- g. The types of internal reports that the respondent's staff review to evaluate the effectiveness of the prior authorization and medical necessity review process.
 - h. The continuity of care and care coordination processes for member's transferring into or out of the respondent's health plan.
 - i. The interface of the prior authorization and medical necessity review process with the respondent's Quality Management and Utilization Management programs.
- 2. Attachment D, Section 2.0: Describe the plan's processes for informing members and providers about EPSDT services and describe how the respondent will attempt to increase member and provider compliance with the EPSDT screening standards set forth by the American Academy of Pediatrics.
- 3. Attachment D, Section 2.2: Explain the respondent's continuity of care and care coordination approaches between its health plan's PMPs and behavioral health practitioners to enhance its members' care.
- 4. Attachment D, Sections 2.4 and 5.2: Describe the respondent's approach to manage emergency room utilization with respect to:
 - a. Monitoring and evaluating over-and under-utilization including members using the emergency room for non-emergency services.
 - b. Provider and member education.
 - c. Having a representative available to a respond within one hour, 24 hours-a-day, seven days-a-week, to an emergency room provider's call after a member's initial emergency room screening and for post stabilization treatment.
 - d. Reviewing and adjudicating emergency room claims.
- 5. Attachment D, Section 2.6: Describe the continuity of care and care coordination process and procedures the respondent will utilize to ensure a smooth transition for its members requiring long-term care or hospice.
- 6. Attachment D, Section 2.8 and Attachment I: How will the respondent structure and administer its asthma disease management program, include:

- a. The particular option chosen by the respondent and any specific details related to the implementation of that option, including, if option 2 or 3, the items listed in Question 7 below.
 - b. Details of the staff involved, required credentials, and the name of the disease management subcontractor(s).
- 7. Attachment D, Section 2.8 and Attachment I: Identify and describe any disease management programs that will be available to the respondent's members in addition to the State-required asthma disease management program, include:
 - a. The program criteria description, the selection (and stratification) process for member participation in the program; the average number and types of interfaces included in the program.
 - b. The educational topics covered in the program and the approaches used to assess the member's learning and incorporation of new information to manage the disease more effectively, (Respondent may submit no more than five samples of disease management educational materials in an appendix.)
 - c. The anticipated average length of member participation in the program.
 - d. The types of PMP interventions and credentials and expertise of the staff conducting member and PMP interventions.
 - e. The types of health outcomes that will be used to define the program's success.
- 8. Attachment D, Section 2.9: Describe the other enhanced services that the respondent will offer its members.

2.4.3 Member Services (Page limit: 10 pages)

- 1. Attachment D, Sections 2.0, 3.1 and 4.2.1: Describe how the respondent will ensure that members seeking health care services from its network providers, or information about health care services from the respondent's MCO, will have oral interpretive services and language translation services available 24-hours-a-day, seven-days-a-week.
- 2. Attachment D, Section 3.1: Describe the process that the respondent will utilize to answer, route, document and report the handling of member's and provider's incoming calls, including:
 - a. The call distribution system features and call routing flow process and metrics utilized to assess performance e.g., average speed of answer, wait times, abandonment rate.
 - b. The ratio of incoming member calls to the respondent's staff available to respond "live" to members.

- c. Staff training program curriculum and training process.
 - d. Accommodations to assist non-English language proficient or hearing-impaired members.
 - e. Member services helpline hours of operation and plans to provide any after-hours member assistance to members.
3. Attachment D, Section 3.2: Provide an overview of the respondent's member education and outreach programs, and other member materials including:
- a. Topics and frequency of the programs (The respondent should provide the member handbook and three additional member education material samples in an appendix.)
 - b. Availability of materials in alternate formats or language.
 - c. Targeted populations for each program.
 - d. Interface with community agencies and advocate groups.
 - e. Confirmation that text is written at the appropriate reading level, graphics or images are culturally sensitive.
 - f. Meet the State's inventory cataloging system.
 - g. Receive State's approval before use or distribution.
4. Attachment D, Section 3.3.1 and Attachment F, Section 4.2.3: Describe how the respondent will provide coverage for newborns and ensure adequate pediatric PMP availability in each mandatory RBMC county, include:
- a. Outreaching to expectant women members.
 - b. Documenting the mother's choice of pediatrician for her newborn.
 - c. Tracking the timeliness of newborn enrollments.
 - d. Maintaining continuity of care if the newborn changes health plans.
5. Attachment D, Section 3.3.2: How will the respondent coordinate care and follow-up with a member's PMP when a member is identified through the Health Needs screening process as potentially having a special health care need?

2.4.4 Provider Network Requirements (Page limit: 12 pages)

1. Attachment D, Sections 4.1, 4.2 and 4.11: Provide a preliminary network development plan that identifies:
 - a. Goals and tasks (i.e., types of providers, number of provider contacts, types of contacts, outreach programs, etc.) to accomplish developing a comprehensive network statewide as well as in the mandatory RBMC counties and a workplan with a timeline for meeting the network development goals, detailed in two-week intervals until January 2005 and monthly throughout 2005.
 - b. The approach for developing a network in the mandatory RBMC counties.
 - c. The credentials and experience of the respondent's staff who will be responsible for meeting the respondent's network development goals.
 - d. The incentives that the respondent might utilize to secure a provider contract and the challenges the respondent anticipates overcoming to develop its network.
2. Attachment D, Section 4.2: How will the respondent confirm its specialty provider network meets the State's access standard?
3. Attachment D, Sections 4.1 and 4.3: Submit a list summarizing any network development initiatives the respondent has begun, including the number of signed letters of intent by provider type and county location. (The respondent should submit sample provider agreements for, at a minimum, PMPs, specialists, and hospitals in an appendix.)
4. Attachment D, Section 4.0: Describe how the respondent will assist providers in responding to the cultural, racial and linguistic needs of the respondent's members, including those members with special health care needs.
5. Attachment D, Sections 4.0 and 4.10 and Attachment N: Describe the respondent's process to resolve provider claims disputes for its network (contracted) providers and for out-of-network providers, including:
 - a. A workflow tracing provider claims disputes and appeals to their resolution within the respondent's organizational structure.
 - b. The timeframe, in calendar days, for completing each step in the provider claims dispute process.
 - c. The credentials of the respondent's staff who will be responsible for reviewing provider claims issues and participating in the decision-making or claims dispute resolution process.
 - d. The interface with the respondent's quality management and improvement processes related to provider claims disputes.

(Page limit: 8 pages)

2.4.5 Quality Management and Utilization Management Programs

1. Attachment D, Sections 5.1 and 5.2: Provide a general description of the respondent's internal quality management and utilization management program committee structure, including:
 - a. The names, chair and members, their terms of service of the chair and members, the charter statements and the frequency of meetings of the committee or subcommittees of the committees or subcommittees.
 - b. The types of community advocates, community partners, members or vendors that will be invited to participate in any of the committees and subcommittees.
 - c. The process by which the respondent's organization develops, approves and reviews all policies and procedures for the plan (e.g., organization and its functional units, quality management and utilization management programs, claims processing and shadow claims systems, etc.)
2. Attachment D, Section 5.1: Describe the respondent's intent and level of commitment to participating in the Best Clinical and Administrative Practice (BCAP) Quality Framework initiative and in the BCAP Collaborative during the first contract year. [NOTE: OMPP's evaluation will positively recognize respondents that commit to participating in the BCAP initiative and collaborative in the first contract year.]
3. Attachment D, Section 5.2: Describe the process that the respondent will follow to encourage its members to receive a PMP encounter within the first 90 calendar days of the effective date of enrollment with the MCO.
4. Attachment D, Sections 5.0, 5.1 and 8.1: Describe the performance improvement procedures that the respondent will employ when the respondent's data indicates the respondent's performance was below the State's performance standards, targets or benchmarks.
5. Attachment D, Section 5.3: Describe the respondent's Program Integrity Plan with respect to its internal safeguards to avoid, detect and report suspected fraud and abuse to the State.

2.4.6 Management Information Systems (Page limit: 13 pages)

1. Attachment D, Section 6.0: Describe the respondent's ability to access, transmit and store data files and records in accordance with the Health Insurance Portability and Accountability Act's (HIPAA) mandates.
2. Attachment D, Sections 6.0, 6.1, 6.2, 6.3, 6.4, and 6.5: Provide a general systems description and a systems diagram (Respondent should submit systems diagram in an appendix) that describe:

- a. How each component of the respondent's computer system will support and interface with the major operations functions involved in managing the Hoosier Healthwise program business; areas such as:
 - Member services and eligibility
 - Provider services and eligibility
 - Prior authorization and medical necessity review and denial
 - Quality and utilization management including continuity of care, care coordination, disease management, pharmacy management, prior authorization and medical necessity review and denials.
 - Claims processing
 - b. Indicators for maintaining compliance with the State's data collection requirements.
 - c. Processes for transmitting data and storing data related to the respondent's Hoosier Healthwise program, especially shadow claims.
 - d. Methods for incorporating and auditing subcontractors' or vendors' data.
 - e. The computer systems' back-up, recovery and disaster plans as well as the data retention plan.
3. Attachment D, Section 6.5: Provide a summary description of the provider claims, encounter submission and shadow claims process, including:
 - a. Provider communications addressing the provider claims and encounter submission process (Respondent must submit a sample of three different provider communication materials addressing claims submission in an appendix.)
 - b. Operational policies and procedures for monitoring and auditing provider claim and encounter claim submissions.
 - c. A workflow of the respondent's shadow claims processing submission process proposed for the Hoosier Healthwise contract, beginning with the delivery of services by the provider to the submission of the shadow claims to the State; if the respondent subcontracts with multiple vendors or provider delivery systems for claims processing management, workflows should incorporate all such vendors, including vendors names and approximate volume of claims per vendor identified (Respondent should submit the workflow in an appendix.)
 - d. Any internal checks and balances, edits or audits the respondent will conduct to verify and improve the timeliness, correctness, completeness or accuracy of data submitted by providers.

4. Attachment D, Section 6.5: Describe the respondent's operational plan to transmit shadow claims to the State and indicate any internal checks and balances, edits or audits the respondent will use to verify and improve the timeliness, correctness, completeness or accuracy of shadow claims submitted to the State.
5. Attachment D, Section 6.6: Describe the respondent's approach for identifying and collecting third party liability information and retaining third-party liability collections; provide details of the respondent's strategy for managing cost avoidance and coordination of benefits.

2.4.7 Reporting Requirements (Page limit: 3 pages)

1. Attachment D, Sections 1.2 and 7.0: Describe the respondent's internal operational structure that will support the respondent's Hoosier Healthwise financial and non-financial performance data compilation reporting processes, including:
 - a. The credentials and experience of the respondent's staff who will be responsible for meeting the reporting requirements and the staff who will be responsible for training and maintaining currency of the respondent's support staff involved in the production and delivery of performance data to the State.
 - b. The process for internal review and validation of the respondent's data prior to submission to the State.

2.5 MINORITY BUSINESS & WOMEN'S ENTERPRISES PARTICIPATION PLAN

A properly completed and signed MWBE Participation Plan or Waiver (Attachment A) must be included as part of the proposal. Respondents must indicate the name of the racial minority and woman owned firm(s) with which it will work; the contact name and phone number at the firm(s); the service supplied by the firm(s); and the specific dollar amount from this contract that will be directed toward each firm. If the above mentioned goals (1.21) can not be achieved by directing proceeds from this contract toward racial minority and woman owned enterprises, the respondent may demonstrate that an amount, equal to each of the above goals, of the firms overall annual proceeds (from all business) are directed to racial minority and/or woman owned enterprises. Please note: Respondents' claims for participation will be validated prior to contract award.

SECTION THREE PROPOSAL EVALUATION

3.1 PROPOSAL EVALUATION PROCEDURE

The State of Indiana has selected a group of personnel to act as a proposal evaluation team. Subgroups of this team, consisting of one or more team members, will be responsible for evaluating proposals with regard to compliance with RFP requirements. All evaluation personnel will use the evaluation criteria stated in Section 3.2. The combined qualifications and experience of the respondent and any or all subcontractors will be considered in the State's evaluation.

The procedure for evaluating the proposals against the evaluation criteria will be as follows:

- 3.1.1 Each proposal will be evaluated for form on a pass/fail basis. Proposals that are incomplete or otherwise do not conform to proposal submission requirements will normally be eliminated from consideration. Respondents should note that agreement to the State's mandatory contract clauses is required in the Transmittal Letter and will be evaluated for such under the form category.
- 3.1.2 Each proposal will be evaluated on the basis of the categories included in Section 3.2. A point/percentage score will be established for each category.
- 3.1.3 Based on the results of this evaluation, the qualifying proposal determined to be the most advantageous to the State, taking into account all of the evaluation factors, may be selected by IDOA, OMPP and CHIP for further action, such as contract negotiations. If, however, IDOA, OMPP and CHIP decide that no proposal is sufficiently advantageous to the State, the State may take whatever further action is deemed necessary to fulfill its needs. If, for any reason, a proposal is selected and it is not possible to consummate a contract with the respondent, IDOA may begin contract preparation with the next qualified respondent or determine that no such alternate proposal exists.

3.2 EVALUATION CRITERIA

Proposals will be evaluated based upon the proven ability of the respondent to satisfy the requirements of the RFP. Each of the evaluation criteria categories is described below with a brief explanation of the basis for evaluation in that category. The percentage of the total point score associated with each category is indicated following the category name.

- 3.2.1 Business Proposal (30%)
- 3.2.2 Technical Proposal (70%)
- 3.2.3 Minority Business & Women's Participation Plan (pass/fail)

All proposals will be reviewed by OMPP, CHIP and IDOA staff members. References may be contacted. It is possible that persons participating in the selection process, through IDOA will interview finalists. The Commissioner of IDOA or his designee will, in the exercise of his sole discretion, determine which proposals offer the best means of servicing the interests of the State. The exercise of this discretion will be final.